

DEPARTMENT OF CONSUMER AND WORKER PROTECTION42 Broadway
New York, NY 10004

NYCBuildings

ELEVATOR INSPECTION DIVISION 280 Broadway, 4th Floor New York, NY 10007 nyc.gov/buildings

AMUSEMENT DEVICE NOTIFICATION OF ACCIDENT REPORT

An amusement device owner/operator must report any accident occurring on, within the premise of, or related to the operation of an amusement device, which caused or could cause human injury or damage to property. The accident must be reported promptly to BOTH the Department of Consumer and Worker Protection (DCWP) and the Department of Buildings (DOB). Email this form to:

DOB:

- amuserides_incidents@buildings.nyc.gov Monday-Friday, 8:00 a.m. to 4:30 p.m.
- amuserides_incidentsafterhours_DL@buildings.nyc.gov after hours and weekends

nyc.gov/dcwp

DCWP:

• amusementdevicesaccidentreports@dcwp.nyc.gov

Do not operate or tamper with device until an inspection / investigation is conducted by DOB's Elevator Division. Any statements taken from the amusement ride operator, company personnel, and/or witnesses must be attached to this report.

| DATE REPORT SUBM | IITTED | | | PAGES | | Page | of | |
|---|--------------------------|--|--|--------|---------------------|------------------|----------|--|
| BUSINESS INFORMA | | | | | | | | |
| Name of Amusement Company: | | | Address of Amusement Company: | | | | | |
| Name of Fair / Event: | Address of Fair / Event: | | | | | | | |
| Business Name: | Phone Number: | | | | | | | |
| NYC ID Number: Serial: | | Manufacturer: | | | | | | |
| INJURED PERSON INFORMATION | | | RIDE OPERATOR INFORMATION | | | | | |
| Name of Injured Person: | | | Name of Operator: | | | | | |
| Address: | | | Address: | | | | | |
| Phone Number: | Age: | Sex: | Phone Number: | | Age: | Sex: | | |
| ACCIDENT INFORMA | TION | | | | | | | |
| Date of Accident: Approximate Time of Accident: | | Have you notified of Buildings? ☐ Yes | d the Department ☐ No | | Did accident ☐ Yes | occur on device? | | |
| Place where accident occurred: | | | If accident did not occur on device, where did it occur? | | | | | |
| Was accident a result of: | ☐ Mechanical Default | | ☐ Operation De | efault | □ Patron | | ☐ Other: | |
| Name of Ride: | | | | | | | | |
| Briefly Describe Injury (s): | | | | | | | | |
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| ACCIDENT INFORMATION (conf | tinued) | | |
|---|---------------------|----------------|---------------|
| Briefly describe how accident occurred: | · | | |
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| Describe actions taken after accident: | | | |
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| Note: Any statements taken from r New York City Police Department, attached to this report. | | | |
| WITNESSES | | | |
| Name of Witness: | Address of Witness: | | Phone Number: |
| Name of Witness: | Address of Witness: | | Phone Number: |
| Name of Witness: | Address of Witness: | Phone Number: | |
| Name of Witness: | Address of Witness: | Phone Number: | |
| Name of Witness: | Address of Witness: | | Phone Number: |
| PENALTY FOR FALSIFICATION: | | | |
| Any false statement in this report is as high as \$500 may be imposed bif prosecuted criminally. | | | |
| Name of Owner/Operator/Agent (Print): | Signature: | Title (Print): | Date: |